



kynect health coverage

Together for a better Kentucky

To make the process of applying for health insurance easier, use this worksheet to gather important details and help you think through key areas that will impact your plan selection. Use this worksheet when completing your application at kynect.ky.gov or when you meet with an Insurance Agent or kynector.

Documents to bring with you:

- ✓ Proof of residence (utility bill, lease, etc.)
- ✓ Identification (Social Security card, government-issued ID, birth certificate)
- ✓ Proof of marriage (marriage license)
- ✓ Income verification (last two months' pay stubs, W-2, most recent tax return, proof of unearned income, self-employment records)
- ✓ Health coverage information (insurance card)

This worksheet is not an application; it is a tool to help complete a health coverage application.

PERSONAL INFORMATION (Please gather the following details for you and every member of your family.)

Name	Date of Birth	Social Security Number
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HEAD OF HOUSEHOLD

Head of Household Email	Permanent Mailing Address	Phone Number
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EMPLOYER DETAILS (Please gather the following details for you and every member of your family.)

Employer Name/Address/Phone/EIN	Offer health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly cost for just the employee, not the whole family	Annual wages or salary
Employer Name/Address/Phone/EIN	Offer health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly cost for just the employee, not the whole family	Annual wages or salary
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ANNUAL HOUSEHOLD INCOME

CURRENT INCOME: Consider everyone included on your tax return and add up their wages, salary, self-employment income, interest and dividends received, alimony received, Social Security, and other income BEFORE taxes are taken out, minus any deductions.	\$
FUTURE INCOME: If you are applying for financial help through kynect health coverage , we will need to estimate the annual household income for the year you will have the health insurance plan. Think about if you will make less, more, or about the same as you are currently making and then list your estimate in the box.	\$

RETURNING CUSTOMERS

If you or anyone in your family has ever applied through kynect for other benefits or services:		
Online Account Username	Online Account Password (or bring it with you)	Are you currently enrolled in a plan through the Marketplace (HealthCare.gov)? <input type="checkbox"/> YES <input type="checkbox"/> NO

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MEDICAID

If you or anyone in your family has ever applied for Kentucky Medicaid or Kentucky Children's Health Insurance Plan (KCHIP), please list the following:

Case Number	ID Number	Primary Account Holder/Head of Household
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HOUSEHOLD INFORMATION

Include your spouse, if you have one, plus all dependents shown on your tax return – even if they don't need coverage.

EXPENSE INFORMATION

Alimony	Student Loan Interest	Teacher Expenses (K–12 only)	School Tuition and Fees
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YOUR HEALTH CARE NEEDS

Consider how much care you and your family will need in the coming year.

How often do you see your doctor(s) each year?

Do you have any chronic medical conditions (e.g., diabetes, heart disease, cancer)?
If yes, list them below.

 YES

 NO

Are you planning to have any surgeries this year?

 YES

 NO

Are you thinking of having a baby this year?

 YES

 NO

Do you see yourself going to the emergency room because of health or lifestyle?

 YES

 NO

Do you travel often and need coverage outside your local area?

 YES

 NO

YOUR PRIORITIES (WHAT MATTERS MOST TO YOU?)

Prescription Name	Prescription Strength	Brand or Generic (check one)	Must-Have	Nice-to-Have
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Doctors or Hospitals	Name and City		Must-Have	Nice-to-Have
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

HOW MUCH CAN YOU AFFORD?

What can you afford for your monthly premium?

\$

Let's think about deductible. How much could you afford to pay upfront (in the case of a bad accident or a serious illness) before your insurance starts to help you pay?

\$